

# Concept Analysis on Human Dignity in Patient Care

Shumaila Abdul Rehman<sup>1\*</sup>, Zarina Abdul Rahman<sup>2</sup>, Shagufta Parveen<sup>3</sup> & Abdul Rehman<sup>4</sup>

<sup>1</sup>MSN Scholar, Nursing Officer, Allied Hospital 1, Faisalabad, Pakistan. <sup>2</sup>BSN Faculty, Aziz Fatima College of Nursing, Faisalabad, Pakistan. <sup>3</sup>MSN Faculty, PhD Scholar, College of Nursing, Rawalpindi, Pakistan. <sup>4</sup>Nursing Officer, Shifa International Hospital Ltd., Faisalabad, Pakistan. Corresponding Author (Shumaila Abdul Rehman) Email: shumailaabdulrehmanshumailaabd@gmail.com\*

DOI: https://doi.org/10.46431/MEJAST.2024.7304

Copyright © 2024 Shumaila Abdul Rehman et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Article Received: 10 May 2024

Article Accepted: 15 July 2024

Article Published: 22 July 2024

Crossref

#### **ABSTRACT**

**Introduction:** In nursing education and practice, human dignity is an essential professional value, particularly when it comes to ethical considerations. Dignity, which comes from the Latin word for uniqueness and worth, includes ideas like honor, independence, and self-worth.

**Methodology:** To investigate the meaning of human dignity in clinical practice, particularly for hospital-admitted patients, this paper uses Walker and Avant's concept analysis method. Determining characteristics like autonomy, privacy, and the maintenance of self-respect is done by looking at literature and actual clinical cases. The analysis emphasizes how important it is to treat patients with dignity through polite conversation, pain management, cultural awareness, and compassionate care.

**Result:** The results highlight how crucial it is to protect human dignity to lessen healthcare disparities and enhance patient outcomes, satisfaction, trust, and compliance. Comprehending and incorporating the notion of dignity into nursing practice has the potential to improve patient care while maintaining ethical norms.

Keywords: Autonomy; Compassionate care; Cultural sensitivity; Human dignity; Nursing ethics; Privacy; Patient outcomes; Walker and Avant.

# 1. Introduction

In the field of education and nursing practice, the concept of human dignity is considered an important professional value in ethical issues (Parandeh et al., 2021). The meaning of word dignity derived from Latin word which is originality and value (Allmark, 2002). This term has many different meanings and uses (Johnson 1998). It is considered to be having different similar meanings with value, vocation, and goal (Edlund et al., 2013).

The dignity emerges when elderly people feel independent, a part of their daily lives has influence and the right to make their own decisions about their lives. Human respect shows itself in the older consideration practice as being affirmed, both as a resident and as a family member. Respect, kindness, mutual trust, security, integrity, and dignity are the foundations of dignified care. Loneliness and a sense of being abandoned are symptoms of frustration. Being alone in one's room or sitting for an extended period in a common area can contribute to feelings of abandonment. It is significant for them to be treated seriously. Circumstances that keep up with or embarrass respect are depicted in a few studies. In accordance with nursing codes of ethics, situations in which respect, trust, safety, and friendliness were demonstrated and treated with dignity. However, when their dignity was violated, patients became agitated. This prompted clashes between patients' families and nursing home staff (Lindwall & Lohne, 2020).

# 2. Concept Analysis Method

Concept analysis is a process of examining the basic elements of a concept; it can be useful in refining ambiguous concepts and constructing research instruments (Article & Integrative, 2018).

To examine the element of the concept of human dignity, I use the Walker & Avant method for concept analysis; which entails the following stages:





- 1. **Select a concept:** Choose a concept of interest, usually the substantial and important topic encountered in clinical works.
- 2. **Determine the purpose of the analysis:** Focusing on the aims and intention of how to use collected results. What is the importance of this concept? Why analysis of concept required?
- 3. **Identify all uses of the concept:** Identify as many uses of the concept as necessary, covering all possible fields of knowledge related to it.
- 4. **Determine the defining attribute:** Identify the cluster of attributes of characteristics that are most frequently associated with the concept; it is crucial to the concept analysis, through exploiting the essence of the concept.
- 5. **Construct a model case:** Identify a model case that demonstrates all the defining attributes of the concept. The case was constructed based on real clinical observations.
- 6. **Construct an additional case**: Identify borderline case (containing most but not all the defining attributes of the concept, related care (containing most but not the same defining attribute), and contrary cases that are not based on the said concept. The case was constructed based on real clinical observation.
- 7. **Identify antecedents and consequences:** Identify the events or incidents that must occur before and after the occurrence of the concept.
- 8. **Define empirical referents:** Describe empirical reference that facilitates recognition or measurement of the defining characteristics or attributes.

### 2.1. Selection of Concept

From the standpoint of clinical practice, the idea of human dignity is particularly interesting. In terms of the creation of new nursing jobs, the most recent of which have come to be known as nurse practitioners, advanced clinical developments frequently call for a professional response. As these responsibilities necessitate the usage of human dignity, it is helpful to look at the idea to clarify how it is used in practice.

### 2.2. Purpose

To conduct a concept analysis of giving dignity to hospital-admitted patients. To utilize the approach of concept analysis to provide an operational definition of human dignity.

# 2.3. Significance

To examine patient human dignity and give the patient necessary clarity, the current study used Walker and Avant's conceptual analysis model. In addition to outlining the concept's history of development, fundamental elements, and situational definition, we also seek to broaden our knowledge of patients' dignity and establish key facts about it, serving as a guide for the creation of clinical healthcare guidelines.

### 2.4. Definition of Concept

Defining attributes for a concept during analysis of literature, development of cases, and main idea of the concept analysis (Walker & Avant 2011).



#### 2.4.1. Human

A human being, a person; a member of the species Homo sapiens or other (extinct) species of the genus Homo (Oxford English Dictionary).

## **2.4.2.** Dignity

Dignity is the right of a person to be valued and respected for their sake, and to be treated ethically (Wikipedia).

# 2.4.3. Human dignity

The fact of being given honor and respect by people and the dignity of work, the terminally ill should be allowed to die with dignity (http://www.oxfordlearnersdictionaries.com).

### 2.5. Use of the Concept

Human dignity is a fundamental concept in medical ethics and refers to the inherent value and worth of every human being. It is essential to respect and preserve the dignity of conscious patients in various ways, including:

# 2.5.1. Respect for Autonomy

Conscious patients have the right to make decisions about their medical care, and healthcare providers must respect their choices and support them in making informed decisions (Keenan, 1999).

### 2.5.2. Privacy and Confidentiality

Healthcare providers must protect the patient's privacy and maintain confidentiality of their medical information (Zamanzadeh, 2022).

### 2.5.3. Respectful Communication

Healthcare providers should communicate with conscious patients respectfully, using language that is easy to understand and avoiding medical jargon.

### 2.5.4. Pain management

Conscious patients should be provided with appropriate pain management to alleviate discomfort and suffering (Fumincelli, et al., 2017).

### 2.5.5. Cultural Sensitivity

Healthcare providers should be culturally sensitive to the patient's beliefs, values, and practices, and work toward preserving the patient's dignity within the context of their cultural beliefs (Anderberg et al., 2007).

### 2.5.6. Compassionate Care

Conscious patients should be treated with compassion and empathy, to enhance their overall well-being and quality of life.

Overall, the preservation of human dignity is a critical aspect of providing high-quality medical care to conscious patients, and healthcare providers must work towards upholding these principles in their practice.



Based on the literature-searching strategies 15 articles were selected for use in the concept analysis procedure, numerous attributes or characteristics that are most frequently associated with human dignity were identified, and antecedents and consequences were also identified.

# 3.1. Defining Attributes

The goal of establishing a concept's defining characteristics is to establish a foundation for how it differs from other comparable or related phenomena. The following characteristics are those that are common to all uses of the concept and are so considered to be its distinguishing characteristics:

#### 3.1.1. Autonomy

Autonomy refers to the ability of an individual, organization, or system to act independently and make decisions without external influence or control. It is the capacity to govern oneself, set goals, and take actions that align with personal or organizational objectives, values, and priorities (Ballou, 1998).

#### 3.1.2. Maintenance of self-respect

Among the definitions of dignity provided by the literature, the words "self" and "respect" frequently appeared. The phrase "maintenance of" was inserted because it appears that self-respect is necessary for the existence of dignity and should not change (Mairis, 1993).

### 3.1.3. Maintenance of self-esteem

One of the most important traits that people with dignity possess is self-esteem. After considering the literature I had read, talking with others, and putting a well-respected notion to the test. I came to this conclusion. For dignity to persist, self-esteem must be present and sustained (Mairis 1993).

#### 3.1.4. Protecting privacy

The idea of privacy is more general of the two, safeguarding one's identity, and the freedom to make decisions without interference. Concerning the idea of physical isolation, privacy is the right to a defined area of personal space, to which the individual who has that right has access restrictions. The human impulse for modesty and the desire to protect are related to this right. Preventing one's personal body parts, as defined varies across cultures, from being displayed without one's knowledge, consent, or will (Geidermen et al., 2006).

### 3.2. Model Case

According to Walker and Avant's method, a modal case is defined as a case representing all the critical attributes of the concept. A modal case on the concept of human dignity is given below:

Mrs. Aslam received in the critical care unit from emergency department. On-duty nurse Kiran received the patient in semiconscious state. She planned to pass Intravenous line and folly catheter after assessment. She put on curtains to maintain privacy of the patient. She did this with the help of on-duty assistant nurse. After doing her work she respectfully positions the patient. In this scenario, she took decision on behalf of the patient and maintained privacy. After that, she positions the patient respectfully.



### 3.2.1. Borderline Case

Some but not all of the concept's characteristics are present in the borderline situation. In truth, it is a case study comparable to the model case, but it lacks some concept-related characteristics (Zamanzadeh, 2022).

Irritable bowel syndrome was discovered in a 16-year-old girl who was referred to the hospital's medical department. She stated, "I was not comfortable because guests of my roommate entered the room without permission, thus I was unable to expose my blistering legs (lack of privacy). We are unable to get any rest since they cry so much at night. We are awakened by the nurses in the morning for blood tests or medical visits. So, we are unable to manage our sleep while in the hospital. It's been reported that teens can become closer to nurses who appreciate them (Respect).

# 3.2.2. Contrary Case

A 32-year-old lady with heavy bleeding visits the gynecology department. The patient was not given any privacy (lack of respect) when the doctor arrived and asked her to undress and lie on the examination table (lack of privacy). She asked the nurse to respect her privacy since she felt so embarrassed. Please inform them that they have arrived at a tertiary care hospital, the doctor asked. In this department, we don't have enough time to provide women that much privacy, but we do see 30 patients in the morning. Request that the patient change or return later (lack of autonomy).

#### 3.2.3. Antecedents

The antecedents of human dignity in conscious patients include several factors that contribute to the preservation and respect of the inherent value and worth of every human being. Some of these antecedents are:

# 3.2.4. Respect for Autonomy

Conscious patients have the right to make decisions about their medical care, and healthcare providers must respect their choices and support them in making informed decisions (Keenan, 1999).

### 3.2.5. Non-Discrimination

Healthcare providers must avoid discriminating against conscious patients based on their race, gender, religion, or other personal characteristics.

#### 3.2.6. Informed Consent

Healthcare providers must obtain the patient's informed consent before providing any medical treatment or procedure (Zamanzadeh, 2022).

# 3.2.7. Confidentiality and Privacy

Healthcare providers must protect the patient's privacy and maintain confidentiality of their medical information (Zamanzadeh, 2022).

# 3.2.8. Pain Management

Conscious patients should be provided with appropriate pain management to alleviate discomfort and suffering (Fumincelli, et al., 2017).



### 3.2.9. Cultural Sensitivity

Healthcare providers should be culturally sensitive to the patient's beliefs, values, and practices, and work towards preserving the patient's dignity within the context of their cultural beliefs (Foronda, 2008).

### 3.3. Compassionate Care

Conscious patients should be treated with compassion and empathy, to enhance their overall well-being and quality of life (Burnell, 2009).

Overall, the antecedents of human dignity in conscious patients involve providing respectful, compassionate, and patient-centered care that upholds the patient's rights and values. Healthcare providers must work towards incorporating these antecedents into their practice to provide high-quality medical care.

### 3.4. Consequences

The consequences of human dignity in conscious patients refer to the positive outcomes that can arise from preserving and respecting the inherent value and worth of every human being. Some of the consequences of human dignity in conscious patients include:

### 3.4.1. Improved Patient Outcomes

Conscious patients who receive care that respects and preserves their dignity are more likely to have better health outcomes and an improved quality of life (Fumincelli, et al., 2017).

#### 3.4.2. Increased Patient Satisfaction

Patients who feel respected and valued by their healthcare providers are more likely to be satisfied with their care and have higher levels of trust in their healthcare team (Fumincelli, et al., 2017).

### 3.4.3. Enhanced Trust and Communication

When healthcare providers preserve human dignity in conscious patients, it can help to build trust and improve communication between the patient and their healthcare team (Zamanzadeh, 2022).

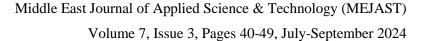
### 3.4.4. Increased Compliance with Medical Care

Conscious patients who receive care that respects their autonomy and values are more likely to comply with medical treatments and recommendations.

### 3.4.5. Reduced Healthcare Disparities

By respecting the inherent dignity of all conscious patients, healthcare providers can help to reduce healthcare disparities and promote health equity.

Overall, the consequences of human dignity in conscious patients highlight the importance of preserving the inherent value and worth of every human being in the provision of high-quality medical care. By upholding these principles, healthcare providers can enhance patient outcomes, satisfaction, trust, and communication, while reducing healthcare disparities and promoting health equity.





#### Antecedents

Demographic characteristics

Financial resources

Gender sensitivity

Cultural Sensitivity

#### Attributes

Treating the patient as
a valuable person

Respecting patient's
privacy

Respecting patient's
autonomy

Presence of social
support

### Consequences

Perfect satisfaction of care

Maintain the comfort

Maintain trust

Promote recovery process

# 4. Conclusion

The current study's findings indicate that there were two aspects to the significance of patient's dignity. One aspect is inherent or underlying dignity that all people are impartial. The growth of a person in full spiritual health is the aim of the second level, which is the acquired dimension or transcendent dignity. The foundations of patient's human dignity offer broad confirmation of a number of things. Nurses can incorporate numerous aspects of dignity in their everyday care activities by understanding the notion of dignity and its qualities, taking into account that dignity is obvious via distinct attributes.

### 4.1. Future Suggestions

- **4.1.1. Education and Training:** Development of comprehensive educational programs for healthcare providers that focus on the importance of human dignity, incorporating training on cultural sensitivity, compassionate care, and respectful communication.
- **4.1.2. Policy Development:** Formulate and implement policies and guidelines that emphasize the preservation of human dignity in healthcare settings, ensuring that all staff members are aware of and adhere to these standards.
- **4.1.3. Patient-Centered Care:** Encourage healthcare facilities to adopt a patient-centered care approach, prioritizing patients' autonomy, privacy, and self-respect in all aspects of care.
- **4.1.4. Empirical Research:** Conduct further empirical research to explore the impact of preserving human dignity on patient outcomes, satisfaction, and compliance, as well as to identify best practices in different clinical settings.
- **4.1.5. Interdisciplinary Collaboration:** Promote interdisciplinary collaboration among healthcare professionals to ensure that the concept of human dignity is upheld across all aspects of patient care.
- **4.1.6. Feedback Mechanisms:** Implement robust feedback mechanisms that allow patients to share their experiences regarding the preservation of their dignity, enabling continuous improvement in healthcare practices.
- **4.1.7. Public Awareness:** Increase public awareness about the importance of human dignity in healthcare through educational campaigns and community outreach programs, empowering patients to advocate for their rights.
- **4.1.8. Technological Integration:** Utilize technology, such as electronic health records and patient portals, to enhance communication, maintain confidentiality, and support informed decision-making, thereby preserving patient dignity.



By integrating these suggestions, healthcare providers can further enhance the quality of care, ensuring that the inherent value and worth of every patient are respected and upheld.

#### **Declarations**

### **Source of Funding**

This study did not receive any grant from funding agencies in the public, commercial, or not-for-profit sectors.

### **Competing Interests Statement**

The authors declare having no competing interest with any party concerned during this publication.

### **Consent for Publication**

The authors declare that they consented to the publication of this study.

#### References

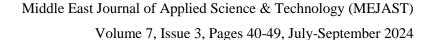
- [1] Anderberg, P., Lepp, M., Berglund, A.L., & Segesten, K. (2007). Preserving dignity in caring for older adults: A concept analysis. Journal of Advanced Nursing, 59(6): 635–643. https://doi.org/10.1111/j.1365-2648.2007.04375.x.
- [2] Andorno, R. (2014). Human dignity and human rights. Handbook of Global Bioethics, 1: 45–46. https://doi.org/10.1007/978-94-007-2512-6\_20.
- [3] Ballou, K.A. (1998). A concept analysis of autonomy. Journal of Professional Nursing, 14(2): 102–110. https://doi.org/10.1016/S8755-7223(98)80044-1.
- [4] Braun, R., & Cicek, H.I. (Eds.). (2017). New Approaches to Human Dignity in the Context of Qur'ānic Anthropology: The Quest for Humanity. Cambridge Scholars Publishing.
- [5] Guldas, F.Z. (2020). The role of Islam in decent care for people with stigmatized diseases: An evaluation via the concept of human dignity. Eskiyeni, (40): 363–376. https://doi.org/10.33276/esk.698645.
- [6] Christians, C.G. (2019). The ethics of human dignity and freedom of expression. Al Jazeera in the Gulf and in the World: Is It Redefining Global Communication Ethics?, Pages 221–252. https://doi.org/10.4324/9781351027294-14.
- [7] Cheraghi, M.A., Manookian, A., & Nasrabadi, A.N. (2014). Human dignity in religion-embedded cross-cultural nursing. Nursing Ethics, 21(8): 916–928. https://doi.org/10.1177/0969733014521098.
- [8] Chen, S.M., & Tung, T.H. (2014). The concept analysis of dignity regarding the elderly in long-term care institutions. Nursing and Health Sciences, 16(3): 324–330. https://doi.org/10.1111/nhs.12119.
- [9] Franco, H., Caldeira, S., & Nunes, L. (2021). Dignity in nursing: A synthesis review of concept analysis studies. Nursing Ethics, 28(5): 734–749. https://doi.org/10.1177/0969733020961822.
- [10] Fumincelli, L., Mazzo, A., Martins, J.C.A., & Mendes, I.A.C. (2019). Quality of life and ethics: A concept analysis. Nursing Ethics, 26(1): 61–70. https://doi.org/10.1177/0969733017695651.

ISSN: 2582-0974 [47] **OPEN ACCESS** 



- [11] Hemati, Z., Ashouri, E., Allah Bakhshian, M., Pourfarzad, Z., Shirani, F., Safazadeh, S., & Taleghani, F. (2016). Dying with dignity: A concept analysis. Journal of Clinical Nursing, 25(9–10): 1218–1228. https://doi.org/10.1111/jocn.13133.
- [12] Henry, L.M., Rushton, C., Beach, M.C., & Faden, R. (2015). Respect and dignity: A concept analysis. Nursing Ethics, 22(5): 594–602. https://doi.org/10.1177/0969733014542677.
- [13] Igai, Y. (2020). Concept analysis of dignity-centered care for people with chronic progressive disease. Japan Journal of Nursing Science, 17(2): e12302. https://doi.org/10.1111/jjns.12302.
- [14] Jakimowicz, S., & Perry, L. (2015). A concept analysis of patient-centered nursing in the intensive care unit. Journal of Advanced Nursing, 71(7): 1499–1517. https://doi.org/10.1111/jan.12641.
- [15] Johnston, D.L. (2014). A Muslim and Christian orientation to human rights: Human dignity and solidarity. Indiana International & Comparative Law Review, 24: 899–914. https://doi.org/10.18060/7907.
- [16] Kadivar, M., Mardani-Hamooleh, M., & Kouhnavard, M. (2018). Concept analysis of human dignity in patient care: Rodgers' evolutionary approach. Journal of Medical Ethics and History of Medicine, 11: 1–7. https://doi.org/10.18502/jmehm.v11i0.1257.
- [17] Keenan, J. (1999). A concept analysis of autonomy. Journal of Advanced Nursing, 29(3): 556–562. https://doi.org/10.1046/j.1365-2648.1999.00922.x.
- [18] Khosropanah, A.H. (2020). Comparison of the concept of patient dignity in Islamic and nursing texts. Medical Research Archives, 8(6). https://doi.org/10.18103/mra.v8i6.2111.
- [19] Lebech, M. (2004). What is human dignity? Maynooth Philosophical Papers, 2: 59–69. https://doi.org/10.75 57/11.2018.006.
- [20] Lim, M. (2016). Human dignity and punishment in Judaic and Islamic law: War and the death penalty. Southwestern Journal of International Law, 22: 303–331. https://doi.org/10.1016/j.forensic.2014.04.003.
- [21] Lindwall, L., & Lohne, V. (2021). Human dignity research in clinical practice—A systematic literature review. Scandinavian Journal of Caring Sciences, 35(4): 1038–1049. https://doi.org/10.1111/scs.12872.
- [22] Mains, E.D. (1994). Concept clarification in professional practice—Dignity. Journal of Advanced Nursing, 19(5): 947–953. https://doi.org/10.1111/j.1365-2648.1994.tb01182.x.
- [23] Muftugil, O. (2017). Human dignity in Muslim perspective: Building bridges. Journal of Global Ethics, 13(2): 157–167. https://doi.org/10.1080/17449626.2017.1372321.
- [24] Muniri, S., & Kazemi Golvardi, M.R. (2017). Ways of respecting human dignity in Islamic law. Religious Inquiries, 6(12): 85–103. https://doi.org/10.22059/JRIR.2017.237150.151.
- [25] Muzaffar, C. (2014). Rights, Religion and Reform: Enhancing Human Dignity through Spiritual and Moral Transformation. Routledge. https://doi.org/10.4324/9781315857669.
- [26] Nosratzehi, A., Nastiezaie, N., & Salimi, S. (2021). Designing a human dignity management model based on Islamic teachings. Journal of Pizhūhish dar dīn va salāmat, 7(2): 7–27. https://doi.org/10.52547/ijrls.7.2.7.

ISSN: 2582-0974 [48] **OPEN © ACCESS** 





- [27] Ostaszkiewicz, J., Dickson-Swift, V., Hutchinson, A., & Wagg, A. (2020). A concept analysis of dignity-protective continence care for care dependent older people in long-term care settings. BMC Geriatrics, 20(1): 1–12. https://doi.org/10.1186/s12877-020-01549-3.
- [28] Papastavrou, E. (2012). Respecting human dignity through individualized care. Journal of Nursing Care, 201(2): 1–4. https://doi.org/10.4172/2167-1168.1000e112.
- [29] Riley, S. (2017). Human Dignity and Law: Legal and Philosophical Investigations. Routledge. https://doi.org/10.4324/9781315594922.
- [30] Rodriguez, P.A. (2015). Human dignity as an essentially contested concept. Cambridge Review of International Affairs, 28(4): 743–756. https://doi.org/10.1080/09557571.2015.1077468.
- [31] Salehi, H.R. (2013). Human dignity from the viewpoint of Iranian law. Journal of Bioethical Inquiry, 10: 135–136. https://doi.org/10.1007/s11673-013-9461-3.
- [32] Spear, H.J., & Kulbok, P. (2004). Autonomy and adolescence: A concept analysis. Public Health Nursing, 21(2): 144–152. https://doi.org/10.1111/j.0737-1209.2004.021208.x.

ISSN: 2582-0974 [49] **OPEN access**